L16000021150

Office Use Only



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FILED

8 APR 12 PH 2: 35

8 SECRETARY OF STATE

K SALY APR 13 2018

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	LW LAGOON LLC		
COBCEC	Name of L	imited Liability Comp	pany
Dear Sir	or Madam:		
The encl	osed Statement of Authority and fee(s) are	submitted for filing.	
Please re	eturn all correspondence concerning this m	atter to the following:	
ADAM	I SELIGMAN, ESQ.		
	Name of Person		
WARE	DAMON		
	Firm/Company		
4420 E	BEACON CIRCLE		
	Address		
WEST	PALM BEACH, FLORIDA 334	07	
	City/State and Zip Code		
ASEL	IGMAN@WARDDAMON.COM		
	E-mail address: (to be used for future ann	ual report notification)
For furth	ner information concerning this matter, ple	ase call:	
ADAM	1 SELIGMAN	561 at (842-3000
	Name of Person	Area Code	Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314
	Tallahassee Florida 32301	i unumus	

STATEMENT OF AUTHORITY

authority:	505.0302(1), Florida Statutes, this limite		ing statement of
FIRST: The name	of the limited liability company is: LW	LAGOON LLC	
SECOND: The Flo	rida Document Number of the limited li	ability company is: L16000021150)
	address of the limited liability company	's principal office is:	
777 E. A	ATLANTIC AVENUE, SUITE 30	01	- S. 6
DELRA'	Y BEACH, FL 33483		調力
	ing address of the limited liability compa	any's principal office is:	PR 12 PH
777 E. A	ATLANTIC AVENUE, SUITE 30	01	13. 13. 13. 13. 13. 13. 13. 13. 13. 13.
DELRA'	Y BEACH, FL 33483		当点で
I. May e: a.	Recute an instrument transferring real programmed to: N/A	roperty held in the name of the company	y.
b.	No authority granted to: sell, mort	gage or encumber properties	
2. May e	enter into other transactions on behalf of Granted to:	or otherwise act for or bind, the comp	any.
	(leases, utilities, repair agree	ements and related matters)	
b.	No authority granted to: sell, mort	gage or encumber properties	
\checkmark	<u></u>	MATHIEU P ROSIN	SKY
Signature of authori	Filing Fee:	MATHIEU P ROSIN Typed or printed name of \$25.00 y: \$30.00 (optional)	

CR2E138 (2/14)